NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09 / 593215

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	Total
	Sm./Lg				Sm. Entry	Lg. Entry	
Basic Filing Fee	201/101				___	___	. 690.
Total Claims >20	203/103	24	-20 · 4	X	___	___	. 72
Independent Claims >3	202/102	2	-3 · ___	X	___	___	. ___
Mult. Dep Claim Present	204/104				___	___	. ___
Surcharge	205/105				___	___	. 130/65
English Translation	139						___

TOTAL FEE CALCULATION   892

Fees due upon filing the application

Total Filing Fees Due = $ 892

Less Filing Fees Submitted   . $ 0

BALANCE DUE   = $ 892

SMC

Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD · Effective December 29, 1999	Application or Docket Number 09/593215

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20=	* 4
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		345.00	OR		690.00
TOTAL CLAIMS	X$ 9=		OR	X$18=	72
INDEP.	X39=		OR	X78=	
MDC	+130=		OR	+260=	
	TOTAL		OR	TOTAL	762

CLAIMS AS AMENDED - PART II

AMENDMENT A

(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	X$ 9=		OR	X$18=	
	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.